PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0851-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Number 10-686, 430 | | |
|--|---|----------------------------------|--------------|--|-------------------------|-----------|-----------------------------|----|--|-----------------------------|--|
| L | APPLICATION AS FILED - PART I (Cotumn 1) (Cotumn 2) | | | | | | SMALL ENTITY | | OTHER THAN OR SMALL ENTITY | | |
| L | FOR | NU | NUMBER FILED | | MBER EXTRA | RATE (\$) | FEE (\$) | 7 | RATE (\$) | 555 (6) | |
| | IASIC FEE 37 CFR 1.18(s), (b), o | ı (c)) | | | | 7 | 1 33.07 | 1 | 100.12147 | FEE (\$) | |
| S | EARCH FEE 17 CFR 1.18(k), (I), or | | | | | 1 | | 1 | | | |
| E | XAMINATION FEE | | | | | ┨ ├─── | | - | —— | | |
| (37 CFR 1.18(o), (p), or (q)) TOTAL CLAIMS | | r (q)) | | | | ┥┝── | | 1 | | | |
| - | 7 CFR 1.16(I)) | | mlnuı | 20 - | | x = | | OR | x : | | |
| | (DEPENDENT CL) 7 CFR 1.16(h)) | AIMS | minu | .3 | | x = | | 1 | × | | |
| APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification sheets of paper, th is \$250 (\$125 for s additional 50 sheet 35 U.S.C. 41(a)(1) | | | | the application small entity) for small entity) for traction (1)(G) and 37 C | or each thereof. See | | | | <u> </u> | | |
| м | ULTIPLE DEPENO | ENT CLAIM PRI | SENT (37 | CFR 1.16(j)) | | J | ļ | | <u></u> | | |
| . 6 | if the difference in column 1 is less than zero, enter "0" in column 2. | | | | | TOTAL | | | TOTAL | | |
| | APPL | ICATION AS | AMEN | OFO - PART | 11 | | | | | · | |
| _ | | (Column 1) (Column 2) (Column 3) | | | | | SMALL ENTITY | | OR OTHER THAN SMALL ENTITY | | |
| AMENDMENT A | 9.13.05 | REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE (\$) | |
| | Total (37 CFR 1 (66)) | <u>. 25</u> | Minus | 25 | | X = | | OR | X # | 1 | |
| | Independent (3) CFR 1 16(h)) | . 3 | Minus | ··· 3 | | х = | | | | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | <u> </u> | | OR | х = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR : 16(1) | | | | | | | | | | |
| | (at Clinical) | | | | | | | OR | TOTAL | ļ | |
| | | | | | | ADD'L FEE | | OR | ADD'L FEE | | |
| _ | 101 | (Column 1) | | (Column 2) | (Column 3) | | | _ | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL | |
| | Total (27 CFR (16(1)) | 19 | Minus | ~25 | | K = | | | | FEE (\$) | |
| | Independent (37 CFR 1 15(N)) | ¥ | Minus | <u></u> | 1. | | | OR | Just . | 2001 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | Х = | | OR | * 500 = | 30017 | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (3) CFR (16g). | | | | | | | OR | | | |
| | | | | | J | TOTAL | | | TOTAL | | |
| | | | | | | ADD'L FEE | 1 | OR | 4DD'L FEE | | |

Sec. 15.

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'
The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box or column 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file fand by the INSPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 manutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burdent, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO MOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600,070.9199 and select option 2